

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044280

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6272

FILED DEC - 2 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in lb <u>51 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LINWOOD NURSING HOME</u> <u>1900 LINWOOD BLVD.</u>		d. STREET ADDRESS (If outside, give location) <u>1915 EAST 33 STREET</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ROBERT</u> Last <u>SMITH SR.</u>			4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>16</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-5-1890</u>	9. AGE (last birthday) <u>73 YEARS</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED- MAINTENANCE</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED- MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUZIER'S INC.</u>		11. BIRTHPLACE (City and state or country) <u>PLYMOUTH, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JOHN MICHAEL SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE SCHONE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. VASKA HOPE SMITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>1915 E 33 ST.</u> <u>MRS. VASKA HOPE SMITH KANSAS CITY MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PROSTATIC HYPERTROPHY Generalized Arteriosclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>3:25</u> a.m. <u>P.</u> Month, Day, Year <u>11-3-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from <u>11-3-63</u> to <u>11-14-63</u> and last saw her/him alive on <u>11-14-63</u>	
Death occurred at <u>3:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Leo F. Cooper MD</u>	(Degree or title)	22b. ADDRESS <u>4620 J. Nichols Parkway</u>	22c. DATE SIGNED <u>11-17-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>NOV. 18, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UTICA CEMETERY</u>	23d. LOCATION (City, town, or county) <u>UTICA, MISSOURI</u>	(State)
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24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> <u>1331 BRUSH CREEK BLVD K.C. MO.</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. F. Cooper

Dr Leo Cooper  
Delaware Road  
Baptist Mem. Hosp.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edw. M. Cooper*

Licensed Embalmer No. 3566

P. O. Address Rt. 1, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.